	THE DIVISION OF HEALTH OF MISSOURI						
. No.300			STANDARD CERTIF	ICATE OF DEATH	State File No	32931	
. 10-48	FILED SEP 30 1957 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 158						
	I, PLACE OF DEA	TH		2. USUAL RESIDENCE	(Where deceased lived. If ins	titution: residence before	
อ	a. COUNTY Phelps			a. STATE Missouri		elps dinteion).	
•	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF STAY (In this place) TOWN Rolla 14 days			c. CITY OR TOWN Rolla	d. Is Res	or incorporated town?	
RECORD	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Mem. Hospital				ni, give location) puri Avenue	08100	
æ	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
	DECEASED (Type or Print)	LOCAPIL JO	STAH: WASHINGTON	BROOKSHIRE	DEATH Sept.	13. 1957	
NS		COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH	9, AGE (In years IF UNKER last birthday) Months	I YEAR IF UNDER IS HES.	
EN.	Male	White	WIDOWED, DIVORCED (Specify) Married	Sept. 29. 1907	1 1 1 1	Days Hours Min.	
PERMANENT	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN-	1	State or Foreign Country) 0	12. CITIZEN OF WHAT	
	done during most of working life, even if retired) Contractor		Home Building	Phelps County		COUNTRY?	
Ā	13a. FATHER'S NAME		13b. MOTHER'S MALDEN		NAME OF HUSBAND OR WIF		
4	Josiah Brook	kshire	Etta Hood	· .	Blanche		
B	IS MAC DECEASED FUE	D IN H C ADMED D	EODOEST LIE SOCIAL SECTIBITY	17. INFORMANT'S SIG		ADDRESS	
MAKE	(Yes, so, or unknown) (If	yes, give war or dates	of service) Yes NO.	Mrs. Blanche	Brookshire R	olla. Mo.	
. 7	18. CAUSE OF DEATH			CERTIFICATION		INTERVAL BETWEEN	
INK-	Enter only one causa per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)			any Thrond	liania.	ONSET AND PEATH	
		ANTECEDENT CA		()		0	
BLACK	*This does not mean the mode of dying, such		, if any, giving DUE TO (b)			-	
ΓĄ	as heart failure, asthenia,	rise to the above co	and in the second		•		
	etc. It means the dis- ease injury or complica-	the annerthing cou	DUE TO (c)		·	- <u> </u>	
S S	tion which caused death.	II. OTHER SIGNIF	FICANT CONDITIONS				
DIC		Conditions contrib	nating to the death but not se or condition causing death.	• • • • • • • • • • • • • • • • • • • •		<u> </u>	
UNFADING	19a. DATE OF OPERA-		DINGS OF OPERATION		10-1	20. AUTOPSY? 2	
Z	TION				4201	YES NO X	
-USING I	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	ZIc. (CITY, TOWN, OR TOWNS	SHIP) (COUNTY)	(STATE)	
1 0	21d. TIME (Month)	(Day) (Yesz) ((Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCU	R7		
٦	OF INJURY		WHILE AT NOT WHILE WORK				
PLAINLY-	22. I hereby certify that I attended the deceased from Acc 30, 1957, to 50 13, 1957, that I last saw the deceased alive on 13, 1957, and that death occurred at 16 Plm., from the causes and on the date stated above.						
LA	23a SIGNATURE	5	(Degree or title)	 		23c. DATE SIGNED	
	tome		yers MD	Tolla	<u>hio</u>	9/16/37	
WRITE	24a. BURIAL, CREMA TION REMOVAL (Specify	24b, DATE	7.1957 Macedonia C	!	odation (City, town, or cou Phelps County, 1	mty) / (State)	
≱	Burlai	1 Sept. I		25 FUNERAL DIRECTOR'S	S SIGNATURE A	DDRESS -	
380	DATE REC'D BY LOCAL REG		ine I Stoll	Null Sons	Funeral Homes R	olla, Mg.	
O			(Licensed Embalmer's	Statement on Reverse Side)			

RECEIVED Phelps County	y Health Officer;
	1-25-57

\$	40
· 1857	1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embala ., Student Embalmer No..... by me, or by ...

working under my personal supervision..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Faile

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.